



## Operational Status Report

### *Kentucky MMIS Project*

*Cabinet for Health and Family Services  
Department for Medicaid Services*

Status Week Ending February 15, 2013

#### Cabinet for Health and Family Services Department for Medicaid Services

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## 1 Executive Summary

Claims Processed	134,246
Total Dollars Paid	\$29,408,045.62
Paper Claims Paid	2,542
Paper Claims Denied	4,452
Electronic Claims Paid	78,080
Electronic Claims Denied	49,172
Paper Claims % of Total Adjudicated Claims	5.21%
Electronic Claims % of Total Adjudicated Claims	94.79%
% Denied Paper Claims	63.65%
Denied Electronic Claims	38.64%
Claims Held in Cash Management	149,249
Dollars Held in Cash Management	\$28,562,197.39
Capitation Financial Transactions	N/A
Capitation Financial Payments	\$0.00
Suspended Claims	10,490
Total Suspended Claims > 90 Days	442
Encounter Load	
Dental	December 2012
Institutional	December 2012
Professional	December 2012
Pharmacy	December 2012
Pharmacy Claim Load	February 2013
Transportation Claim Load	April 2012
Provider Services Calls Received	2,203
Provider Services Current Service Level %	99%

### NOTE:

- Decrease in inventories during week ending January 25, 2013 due to holiday on January 21<sup>st</sup>.

**Executive Summary – Continued**

Description	Change Order	Defect	Total
Total Open Change Orders / Defects as of 02/15/2013:	266	62	328
Total Emergency Change Orders/ Defects:	11	3	14
Total Priority Change Orders/ Defects:	130	8	138
Total Non – Priority Change Orders / Defects:	125	51	176
<b>Change Orders / Defects:</b>			
Completed During Week Ending 02/15/2013	9	2	11
Scheduled For February Release	16	3	19
Release projects marked as emergency by DMS	0	0	0
<b>Emergency Change Orders:</b>			
Completed	0	0	0
In Work	3	3	6
To Be Worked	8	0	8
Total	11	3	14
<b>Priority Change Orders:</b>			
Completed	3	1	4
In Work	59	3	62
To Be Worked	71	5	76
Total	130	8	138
<b>Completed Non-Priority List:</b>			
(Config., Suspense Reduction, Prod issues, etc.)	4	1	5
Completed Fast Track items	2	0	2

- 1 of the 328 open CO/Defects are related to the HIPAA II/5010-Extra project.
- 103 of the 328 open CO/Defects are child CO/Defects.

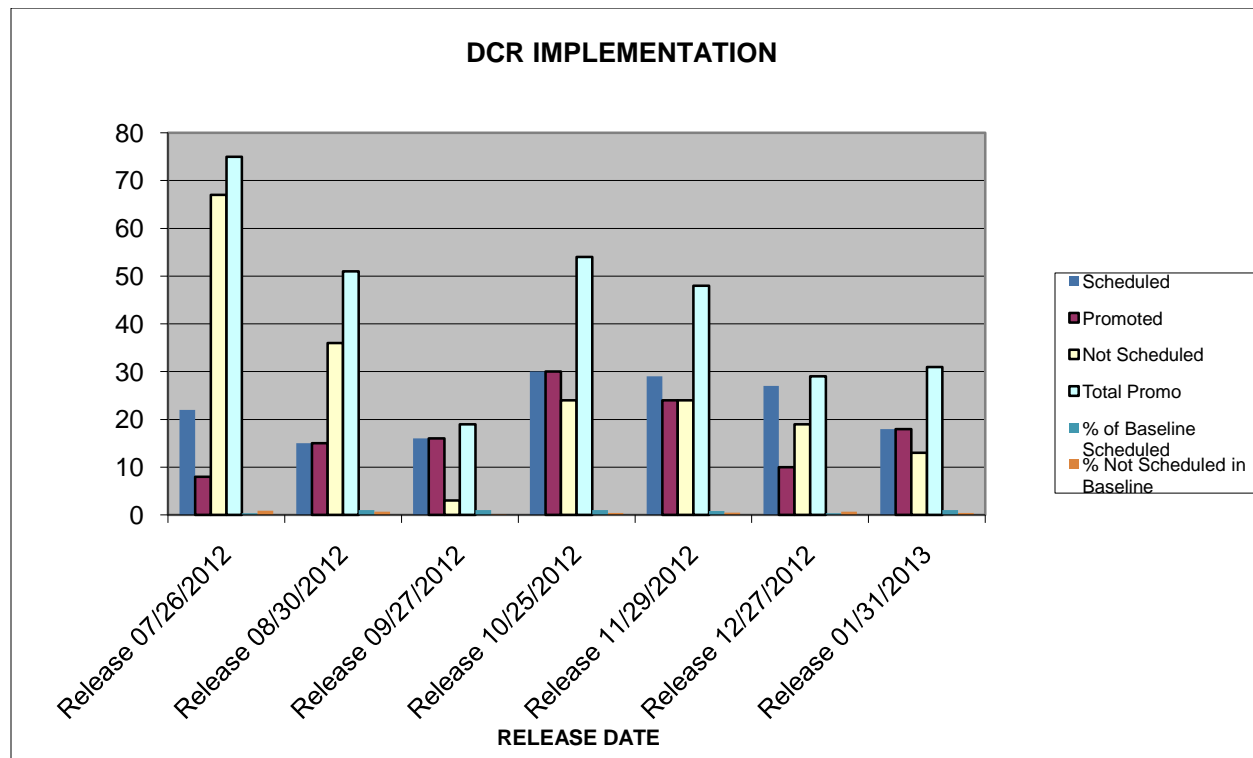
## 2 Kentucky MSIS Data Status

	ELIGIBLE	CLAIMIP	CLAIMLT	CLAIMOT	CLAIMRX
<b>Q1 2012</b> <b>Oct - Dec</b>	Approved by CMS/MPR 10/31/12	Approved by CMS/MPR 7/10/12	Approved by CMS/MPR 7/10/12	Approved by CMS/MPR 7/10/12	Approved by CMS/MPR 7/10/12
<b>Q2 2012</b> <b>Jan - Mar</b>	Approved by CMS/MPR 10/31/12	Approved by CMS/MPR 10/10/12	Approved by CMS/MPR 10/10/12	Approved by CMS/MPR 10/10/12	Approved by CMS/MPR 10/10/12
<b>Q3 2012</b> <b>Apr - Jun</b>	Approved by CMS/MPR 10/31/12	Approved by CMS/MPR 10/10/12	Approved by CMS/MPR 10/10/12	Approved by CMS/MPR 10/10/12	Approved by CMS/MPR 10/10/12
<b>Q4 2012</b> <b>Jul - Sep</b>	Approved by CMS/MPR 1/24/13	Approved by CMS/MPR 12/13/12	Approved by CMS/MPR 12/13/12	Approved by CMS/MPR 12/13/12	Approved by CMS/MPR 12/13/12

### 3 New KY MMIS Status

#### 3.1 DCR Release Implementation Dashboard

Release	Scheduled	Promoted	Not Scheduled	Total Promo	% of Scheduled	% Not Scheduled
Release 07/26/2012	22	8	67	75	36.36%	89.33%
Release 08/30/2012	15	15	36	51	100.00%	70.59%
Release 09/27/2012	16	16	3	19	100.00%	15.79%
Release 10/25/2012	30	30	24	54	100.00%	44.44%
Release 11/29/2012	29	24	24	48	82.76%	50.00%
Release 12/27/2012	27	10	19	29	37.04%	65.52%
Release 01/31/2013	18	18	13	31	100%	41.94%



**3.2 Analysis of DCR's Pulled from Release (As of 01-31-2013)**

CO#	Business Area	Description	Current Status	Comments
17568	Managed Care	New Panel for 834 Transactions	Requirements Approved	Removed 1/31/13 commit date since all of the children are on hold. HP will provide commit date once children are ready to be worked.
18450	Data Warehouse	UNV - Add MCO tables to DSS	Define/Analyze In Progress	Updated to Feb release per email from Marilynn
18451	Managed Care	Not splitting PMP assign segs for county code NEMT	Testing Sent - DMS	Della granted extension. Commit date was chg'd to Feb release.



## 4 Paper Claim Statistics

A total of 134,246 claims were adjudicated this week for a total claim payment amount of \$29,408,045.62 and a total payment amount of \$28,655,507.53

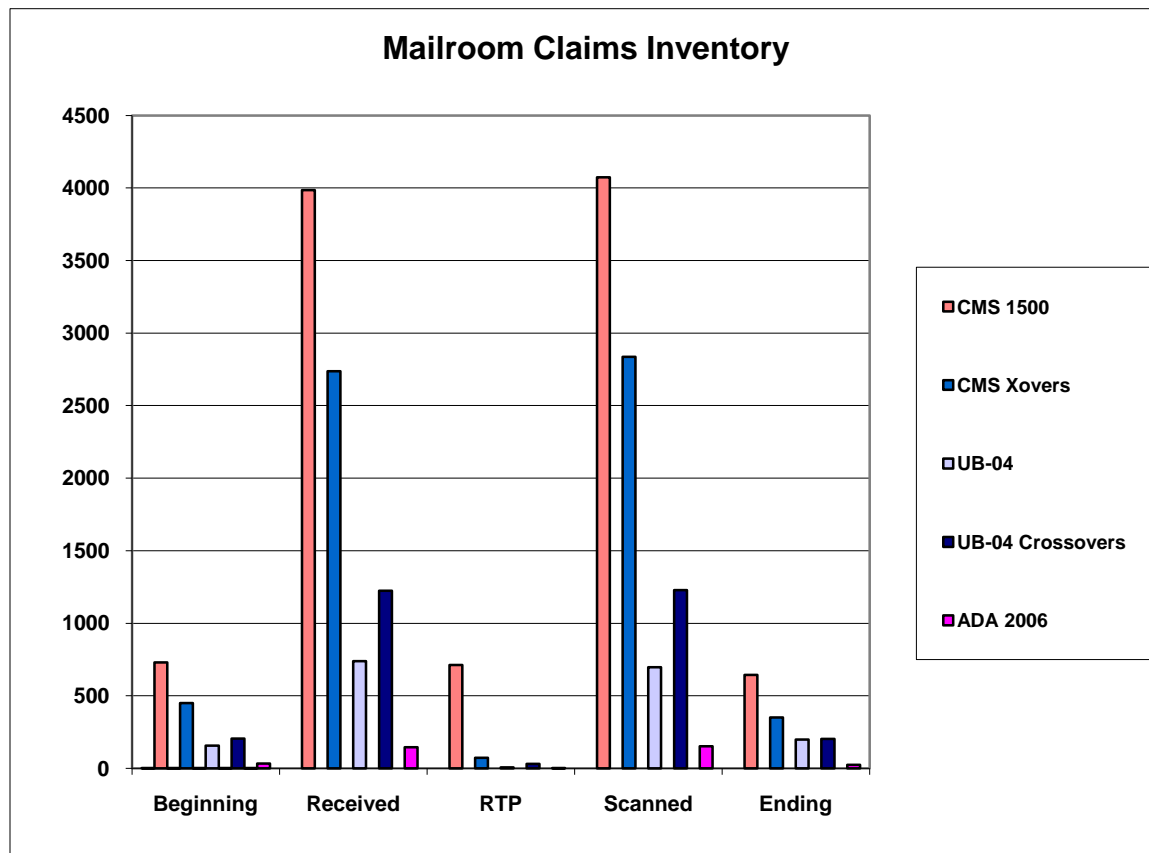
Mailroom	Beginning Inventory	Received	RTP	Scanned	Ending Inventory	Oldest Claim
CMS 1500	731	3,985	712	4,073	643	0 days
CMS Crossovers	450	2,737	72	2,837	350	0 days
UB-04	157	738	7	697	198	0 days
UB-04 Crossovers	205	1,225	31	1,228	202	0 days
Dental ADA 2006	32	145	1	153	24	0 days
<b>Total</b>	<b>1,575</b>	<b>8,830</b>	<b>823</b>	<b>8,988</b>	<b>1,417</b>	

**Note: CMS crossover receipts and ending inventory totals are estimates. Claim Forms:**

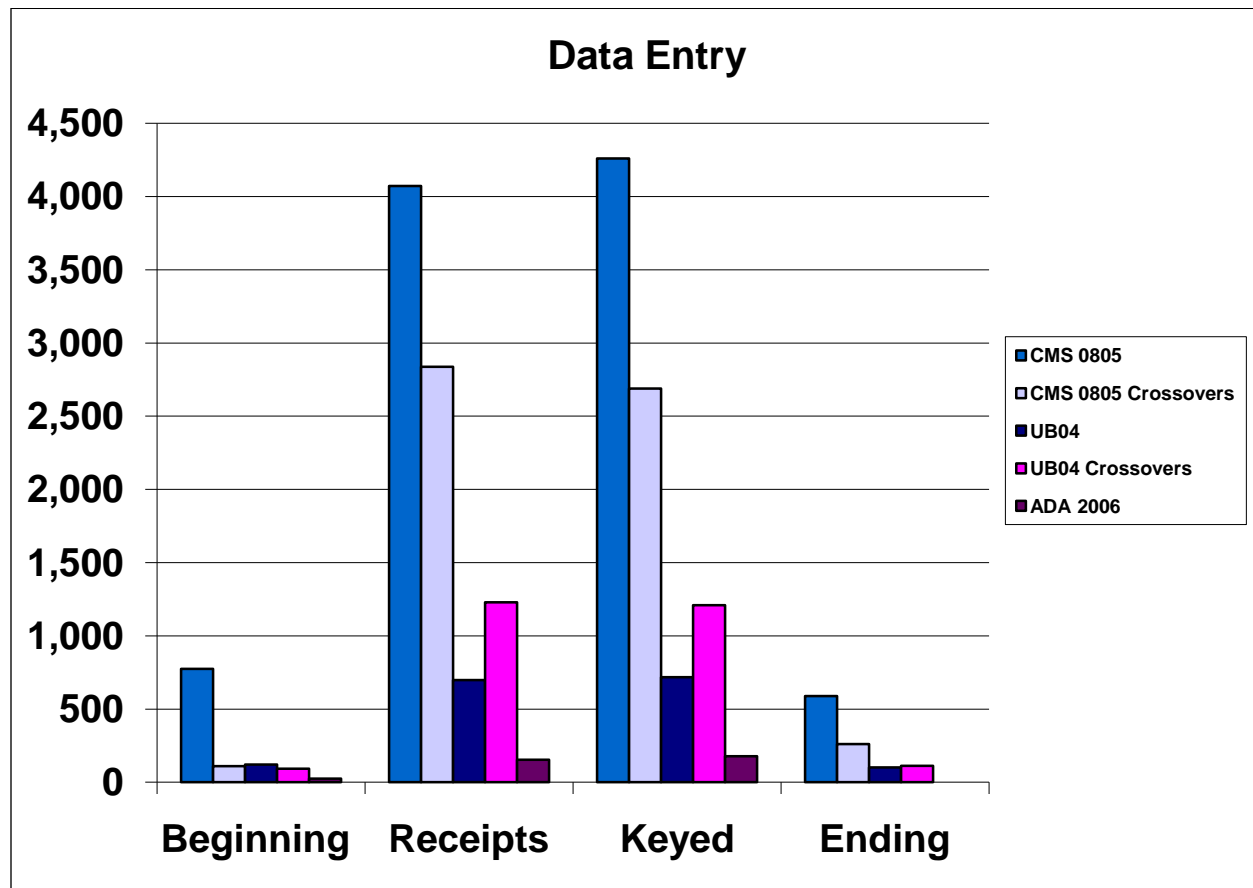
**CMS 08/05** - mandatory 8/20/2007.

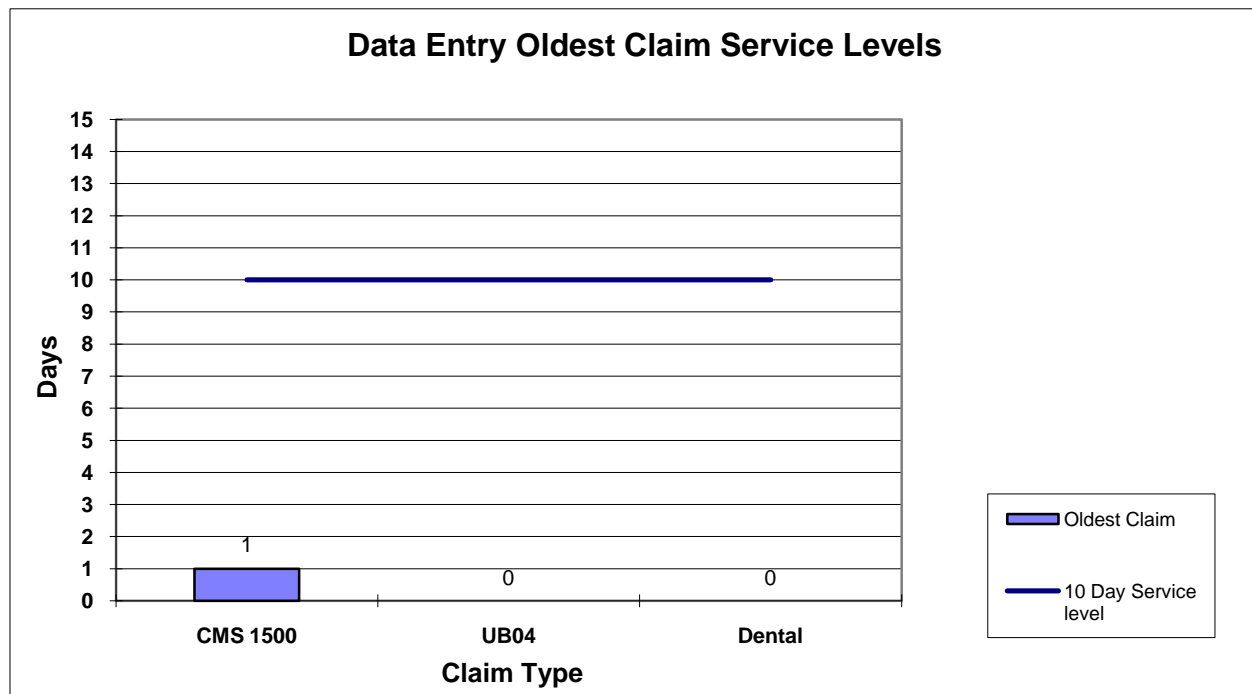
**UB04** – mandatory 5/23/2007.

**Dental ADA 2006** - mandatory 6/4/2007.



Data Entry	Beginning Inventory	Receipts	Keyed	Ending Inventory	Oldest Julian	Date	Oldest Claim
CMS 1500 08/05	775	4,073	4,259	589	045	02/14/13	1
CMS 1500 Crossovers	111	2,837	2,688	260	046	02/15/13	0
UB04	122	697	718	101	046	02/15/13	0
UB04 Crossovers	93	1,228	1,209	112	046	02/15/13	0
Dental ADA 2006	24	153	177	0	046	02/15/13	0
Total	1,125	8,988	9,051	1,062			





**Note: CMS Crossover and UB04 Crossover excluded from 10 day standard**

## 5 System Changes and Corrections

### 5.1 HP Enterprise Services Initiated DCRs for Week Ending 2/15/2013

ID	Defect Description	CSR Type	Subsystem	Grouping	Sub Grouping	Add Date
19007	WCF Wrapper Around Eligibility Status Inquiry Func	Change Order	EDI and Claim Capture	EDI/Biztalk		2/15/2013
19008	WCF Wrapper Around Claim Status Inquiry Function	Change Order	EDI and Claim Capture	EDI/Biztalk		2/15/2013
19253	Interchange PA Panel changes for New SCL2	Change Order	Prior Auth	UI		2/15/2013
19275	SCL2 Batch Changes	Change Order	Prior Auth	Batch		2/14/2013
19404	New DB table for SCL2 Project	Change Order	Prior Auth	Data Model	Batch	2/15/2013
19435	ICD-10 Update Env DB Schema	Change Order	System Wide	Data Model		2/13/2013
19436	ICD-10 Refresh Tables in ICD10 Env	Change Order	System Wide	Data Model		2/14/2013

### 5.2 Promoted to Production / Cancelled for Week Ending 02/15/2013

ID	Subsystem	CSR Type	Description	Resolution Date	Release Type	Release
2852	Provider Data Maintenance	Change Order	KYAmend-Kaper Menu	2/11/2013	Non-Priority	Cancelled
2891	Provider Data Maintenance	Change Order	KYAmend-Kaper Section 2	2/11/2013	Non-Priority	Cancelled
2937	Provider Data Maintenance	Change Order	KYAmend-Kaper Primary Pract Loc	2/11/2013	Non-Priority	Cancelled
2938	Provider Data Maintenance	Change Order	KYAmend-Kaper Office Manager	2/11/2013	Non-Priority	Cancelled

ID	Subsystem	CSR Type	Description	Resolution Date	Release Type	Release
2939	Provider Data Maintenance	Change Order	KYAmend-Kaper Billing Contact	2/11/2013	Non-Priority	Cancelled
2940	Provider Data Maintenance	Change Order	KYAmend-Kaper Payment and Remit	2/11/2013	Non-Priority	Cancelled
2941	Provider Data Maintenance	Change Order	KYAmend-Kaper Office Hours	2/11/2013	Non-Priority	Cancelled
2942	Provider Data Maintenance	Change Order	KYAmend-Kaper Open Practice Stat	2/11/2013	Non-Priority	Cancelled
2943	Provider Data Maintenance	Change Order	KYAmend-Kaper Mid Level Pract	2/11/2013	Non-Priority	Cancelled
2945	Provider Data Maintenance	Change Order	KYAmend-Kaper Accessibilities	2/11/2013	Non-Priority	Cancelled
2946	Provider Data Maintenance	Change Order	KYAmend-Kaper Services	2/11/2013	Non-Priority	Cancelled
2947	Provider Data Maintenance	Change Order	KYAmend-Kaper Partners Assoc	2/11/2013	Non-Priority	Cancelled
2948	Provider Data Maintenance	Change Order	KYAmend-Kaper Covering Coll	2/11/2013	Non-Priority	Cancelled
2949	Provider Data Maintenance	Change Order	KYAmend-Kaper Admitting	2/11/2013	Non-Priority	Cancelled
2950	Provider Data Maintenance	Change Order	KYAmend-Kaper Section 4	2/11/2013	Non-Priority	Cancelled
2951	Provider Data Maintenance	Change Order	KYAmend-Kaper Hosp Priv Primary	2/11/2013	Non-Priority	Cancelled
2952	Provider Data Maintenance	Change Order	KYAmend-Kaper Hosp Priv Other	2/11/2013	Non-Priority	Cancelled
2953	Provider Data Maintenance	Change Order	KYAmend-Kaper Insurance Carriers	2/11/2013	Non-Priority	Cancelled
2954	Provider Data Maintenance	Change Order	KYAmend-Kaper Section 5	2/11/2013	Non-Priority	Cancelled
2956	Provider Data Maintenance	Change Order	KYAmend-Kaper Military Duty	2/11/2013	Non-Priority	Cancelled
2957	Provider Data Maintenance	Change Order	KYAmend-Kaper Work History	2/11/2013	Non-Priority	Cancelled
2958	Provider Data Maintenance	Change Order	KYAmend-Kaper Work Gaps	2/11/2013	Non-Priority	Cancelled

ID	Subsystem	CSR Type	Description	Resolution Date	Release Type	Release
2965	Provider Data Maintenance	Change Order	KYAmend-Kaper Quest and Comm	2/11/2013	Non-Priority	Cancelled
2966	Provider Data Maintenance	Change Order	KYAmend-Kaper Section 8	2/11/2013	Non-Priority	Cancelled
2967	Provider Data Maintenance	Change Order	KYAmend-Kaper Section 7	2/11/2013	Non-Priority	Cancelled
2970	Provider Data Maintenance	Change Order	KYAmend-Provider Enroll Process	2/11/2013	Non-Priority	Cancelled
18602	Reference Data Maintenance	Change Order	PIDL update	2/11/2013	Priority	13.02.07
18931	Benefit Administration	Change Order	6068	2/11/2013	Fast Track	13.02.07
19139	Financial	Change Order	Exclude CMHC and AAA CDO claims from prudent pay	2/11/2013	Priority	13.02.07
19218	Financial	Change Order	Batch - Modify Prudent Pay prgm for PRV contract	2/11/2013	Non-Priority	13.02.07
2944	Provider Data Maintenance	Change Order	KYAmend-Kaper Languages	2/12/2013	Non-Priority	Cancelled
2955	Provider Data Maintenance	Change Order	KYAmend-Kaper Section 6	2/12/2013	Non-Priority	Cancelled
8413	Provider Data Maintenance	Change Order	PBA License Alias rcd	2/12/2013	Non-Priority	Cancelled
16362	Claims	Defect	15002 - add ASC under global	2/12/2013	Non-Priority	13.02.08
19322	AEVS	Change Order	AEVS CO Add the Added Date to KYHealthNet - 19241	2/12/2013	Non-Priority	Cancelled
19270	Third Party Liability	Change Order	Copy of a complete carrierfile for DMS	2/13/2013	Non-Priority	13.02.09
18451	Managed Care	Defect	Not splitting PMP assign segs for county code NEMT	2/14/2013	Priority	13.02.10
18854	Data Warehouse	Change Order	DSS - ETL Process change for new MCO Region 31	2/14/2013	Priority	13.02.10
19314	Claims	Change Order	2013 CPT codes effec. 1/1/13	2/15/2013	Non-Priority	13.02.11

ID	Subsystem	CSR Type	Description	Resolution Date	Release Type	Release
19348	Reference Data Maintenance	Change Order	2013 fee schedule add codes	2/15/2013	Non-Priority	13.02.11
19425	Reference Data Maintenance	Change Order	90832 modifiers	2/15/2013	Fast Track	13.02.11

### 5.3 Data Fixes Completed for Week Ending 02/15/2013

Data fixes are now done under Defects and Change Orders; they are reported in that section upon completion.

### 5.4 Proposed for HP Release– February 2013 Baseline

CO#	CO/ Defect	Business Area	Description	Current Status	Requested As Emergency	HPES Proposed Baseline
18450	Change Order	Data Warehouse	UNV - Add MCO tables to DSS	Define/Analyze In Progress	N	2/28/2013
18451	Defect	Managed Care	Not splitting PMP assign segs for county code NEMT	PROD Override	N	2/28/2013
18602	Change Order	Reference Data Maintenance	PIDL update	Prod Implemented		2/11/2013
18916	Defect	Managed Care	MGD-0555-D needs to include preproc errors	Additional Testing Requested		2/28/2013
18993	Defect	Managed Care	Z Members Not Closed in PMP Assign	Construction in Progress		2/28/2013
19084	Change Order	Managed Care	Modify MCAPS_ELIG_INFO_SP Input Parameters	Testing Sent - DMS		2/28/2013
19111	Change Order	Third Party Liability	TPL Carrier Info Panel - Carrier File Data	Testing Approved - DMS		2/28/2013
19118	Change Order	Member Data Maintenance	Add Message to Member Add Panel for County Code	Testing Approved - DMS		2/28/2013

CO#	CO/ Defect	Business Area	Description	Current Status	Requested As Emergency	HPES Proposed Baseline
19138	Change Order	Member Data Maintenance	MCO LOC error records for invalid PT	Testing Approved - DMS		2/28/2013
19139	Change Order	Financial	Exclude CMHC and AAA CDO claims from prudent pay	Prod Implemented		2/8/2013
19218	Change Order	Financial	Batch - Modify Prudent Pay prgm for PRV contract	Prod Implemented		2/8/2013
19219	Change Order	Financial	New sub panel for PROVIDER CONTRACT on Pay Hold	Prod Implemented		2/8/2013
19268	Change Order	Provider Data Maintenance	MCO Provider file changes for PCP enhanced rate	MO Testing in Progress		2/28/2013
19272	Change Order	Provider Data Maintenance	PCP enhanced rate create MMIS panel for 19263	Ready for Construction Wthru		2/28/2013
19273	Change Order	EPSDT	Revise CMS 416 5500A and KCHIP 5550A	UAT Implemented		2/28/2013
19280	Change Order	Internet	KYHealth - New Attestation Form	MO Testing in Progress		2/28/2013
19281	Change Order	Internet	KYH - New attestation Form DataBase	MO Testing in Progress		2/28/2013
19314	Change Order	Claims	2013 CPT codes effec. 1/1/13	Prod Implemented		2/28/2013
19348	Change Order	Reference Data Maintenance	2013 fee schedule add codes	Prod Implemented		2/28/2013



**5.5 Maintenance and Modification Hours – Per DMS Request HP is revising this chart to reflect a more accurate track Modification hours.**

2009/2010	Hours Available	Hours Used	Rate	Cost	Approved Hours	Cost of Approved Hours	Remaining Hours	Remaining Dollar Pool
Tier I - Maintenance	NA	Under Review	NA	NA	NA	NA	NA	NA
Tier II – Modification	12,000	Under Review		Under Review	0.00	\$0.00	Under Review	Under Review
Tier III – Modification	10,000	0		\$0.00	0.00	\$0.00	10,000.00	\$674,000.00
Tier IV – Modification	Above 22,000		TBD		0			

Tier I – Maintenance may result from a determination that a deficiency exists within the operational KY MMIS, including deficiencies found after takeover of modifications incorporated into the operational KY MMIS, or that continued efficiency can be maintained or achieved through the proposed activity. Included in the base rate.

Tier II – Modification hours may result from a determination that an additional requirement needs to be met or that a modification to existing file structures or current processing is needed. Initial 12,000 hours/operational year included in the base rate.

Tier III - Modification hours may result from a determination that an additional requirement needs to be met or that a modification to existing file structures or current processing is needed. Additional 10,000 hours/operational year at a defined rate.

Tier IV - Modification hours may result from a determination that an additional requirement needs to be met or that a modification to existing file structures or current processing is needed. Additional hours at a negotiated rate.

## 6 Ad hoc Reports

	Beginning	Received	Closed	On Hold	Ending Inventory	Oldest Request Overdue
Type A	0	0	0	0	0	0
Type B	1	0	0	0	1	0
Type C	8	4	6	1	6	0
Type D	2	0	0	0	2	0
Type E	0	0	0	0	0	0
HP Enterprise Services	0	2	2	0	0	0
<b>Total</b>	11	6	8	1	9	0

\*On Hold may be cumulative across multiple weeks

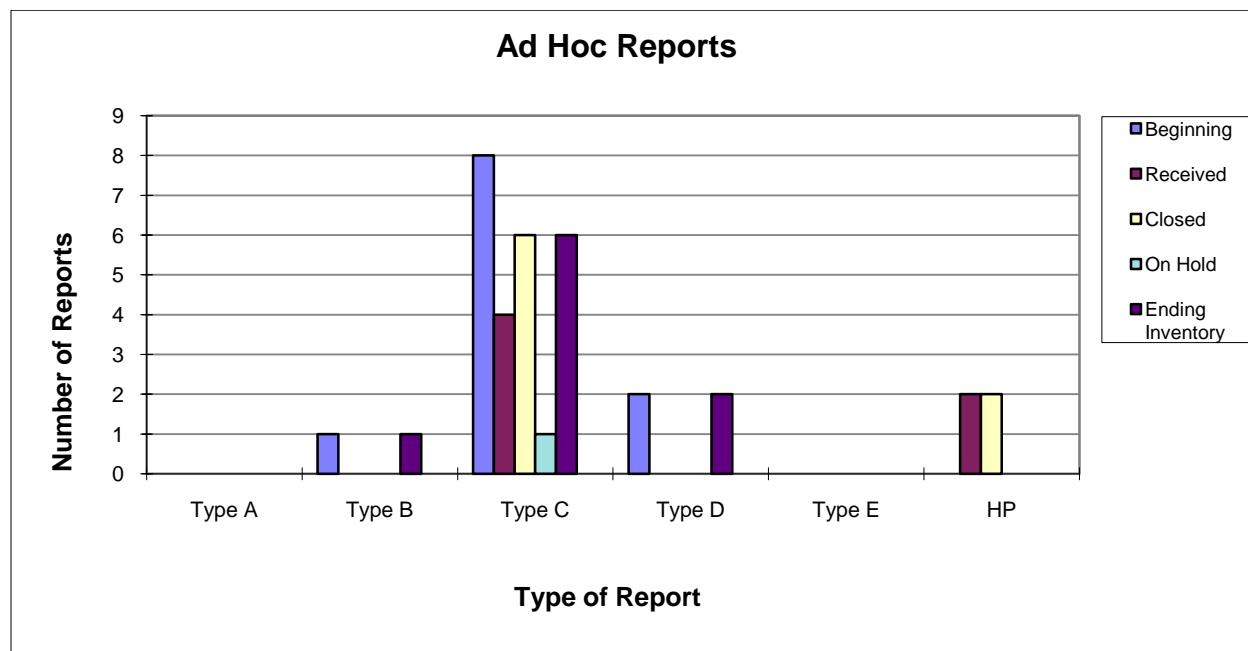
Type A – completed correctly within twenty-four (24) hours of receipt

Type B – completed correctly and delivered within forty-eight (48) hours of request

Type C – completed correctly and delivered within seven (7) business days of request

Type D – completed correctly and delivered within time frame established by DMS (greater than seven (7) business days)

Type E – Emergency reports completed correctly within two (2) hours of submitted request.



## 7 Weekly Claims Operations

### 7.1 Final Payment Summary

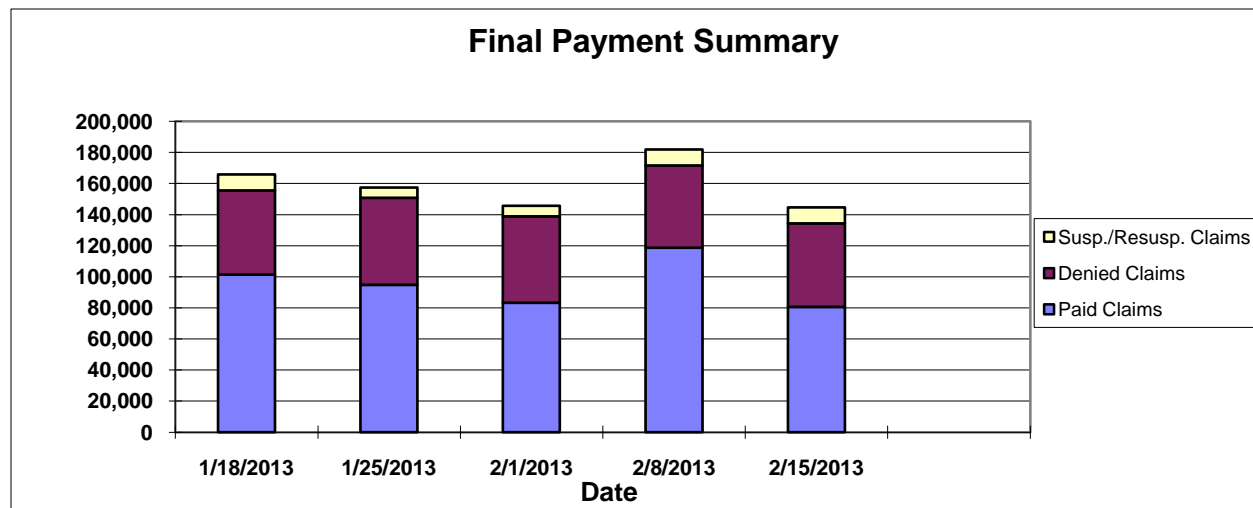
Category	01/18/13	01/25/13	02/01/13	02/08/13	02/15/13
Paid Claims	101,393	94,737	83,384	118,705	80,622
Denied Claims	54,106	56,139	55,486	52,853	53,624
<b>Total Adjudicated Claims</b>	<b>155,499</b>	<b>150,876</b>	<b>138,870</b>	<b>171,558</b>	<b>134,246</b>
Adjustments	14,590	4,714	3,267	3,525	2,952
<b>Total Claims</b>	<b>170,089</b>	<b>155,590</b>	<b>142,137</b>	<b>175,083</b>	<b>137,198</b>
Suspended/Resuspended Claims	10,403	6,591	6,716	10,392	10,490
Claim Payment Amount	\$34,796,085.05	\$24,597,544.06	\$49,261,346.80	\$56,697,725.06	\$29,408,045.62
(+) Payouts	\$2,828,488.45	\$14,611.72	\$60,671.38	\$43,565.77	\$42,530.32
(-) Recoupments	-\$3,881,352.31	-\$867,213.67	-\$1,034,021.58	-\$1,116,491.64	-\$795,068.41
<b>Check Issue</b>	<b>\$33,743,221.19</b>	<b>\$23,744,942.11</b>	<b>\$48,287,996.60</b>	<b>\$55,624,799.19</b>	<b>\$28,655,507.53</b>
Capitation Payment	\$0.00	\$271,407,135.79	\$5,260,472.41	\$0.00	\$0.00
<b>Total Paid</b>	<b>\$33,743,221.19</b>	<b>\$295,152,077.90</b>	<b>\$53,548,469.01</b>	<b>\$55,624,799.19</b>	<b>\$28,655,507.53</b>

Five week average payment equals \$93,495,322.58

Recoupments - The amount withheld from provider payments because of outstanding accounts receivable (money owed to the Medicaid program by providers)

Category	01/20/12	01/27/12	02/03/12	02/10/12	02/17/12
Paid Claims	94,436	111,267	142,217	116,486	89,631
Denied Claims	56,894	67,708	72,630	58,577	35,668
<b>Total Adjudicated Claims</b>	<b>151,330</b>	<b>178,975</b>	<b>214,847</b>	<b>175,063</b>	<b>125,299</b>
Adjustments/Claim Credits	6,109	8,175	2,486	3,238	4,299
<b>Total Claims</b>	<b>157,439</b>	<b>187,150</b>	<b>217,333</b>	<b>178,301</b>	<b>129,598</b>
Suspended/Resuspended Claims	4,983	5,017	5,534	6,242	5,714
Claim Payment Amount	\$33,494,927.18	\$32,445,752.53	\$82,154,968.30	\$52,451,725.36	\$38,484,727.69
(+) Payouts	\$11,447.55	\$379.01	\$10,924.23	\$2,304,858.78	\$10,187,499.66
(-) Recoupments	-\$1,375,580.43	-\$1,188,354.90	-\$1,293,640.11	-\$1,752,400.58	-\$1,458,563.56
<b>Check Issue</b>	<b>\$32,130,794.30</b>	<b>\$31,257,776.64</b>	<b>\$80,872,252.42</b>	<b>\$53,004,183.56</b>	<b>\$47,213,663.79</b>
Capitation Payment	\$0.00	\$251,579,230.89	\$80.00	\$0.00	\$0.00
<b>Total Paid</b>	<b>\$32,130,794.30</b>	<b>\$282,837,007.53</b>	<b>\$80,872,332.42</b>	<b>\$53,004,183.56</b>	<b>\$47,213,663.79</b>

Five week average payment equals \$99,211,596.32



## 7.2 Adjudicated Original Claims (By Claim)

Paper Claims	01/18/13	01/25/13	02/01/13	02/08/13	02/15/13	Average
Paid	2,847	2,473	2,782	1,793	2,542	2,487
Denied	3,828	2,522	3,425	4,766	4,452	3,799
Total	6,675	4,995	6,207	6,559	6,994	6,286
% of Total Adjudicated Claims	4.29%	3.31%	4.47%	3.82%	5.21%	4.21%
% of Paper Denied Claims	57.35%	50.49%	55.18%	72.66%	63.65%	60.43%

Electronic Claims	01/18/13	01/25/13	02/01/13	02/08/13	02/15/13	Average
Paid	98,546	92,264	80,602	116,912	78,080	93,281
Denied	50,278	53,617	52,061	48,087	49,172	49,843
Total	148,824	145,881	132,663	164,999	127,252	143,124
% of Total Adjudicated Claims	95.71%	96.69%	95.53%	96.18%	94.79%	95.79%
% of Electronic Denied Claims	33.78%	36.75%	39.24%	29.14%	38.64%	34.83%

**Total % Denied Claims – 39.9%**

**7.3 Flush Report Claim Statistics**

	UB04	CMS	Dental	Pharm	Total
Paid Claims in Error	28	309	1	0	<b>338</b>
Denied Claims in Error	34	174	3	0	<b>211</b>
Suspended Claims in Error	0	0	0	0	<b>0</b>
<b>Total Claims in Error</b>	<b>62</b>	<b>483</b>	<b>4</b>	<b>0</b>	<b>549</b>

**7.4 Flush Report Error Occurrences Statistics**

Error Number	Total Failures
1010 – Provider Name Not Found	7
2010 – Pay to Provider needs to Swap	1
3003 – No Recip Base Not Found	5
4030 – Paid Code Claim Status not P or D	6
5030 – Proc Fund Codes <> Hdr Paid Amt	25
5040 – Invalid Fund Code	1
5081 – Cash + Adj <> Orig. Claim	4
9991 – Adj Mother Info Not Found	478
9997 – Daughter Claim Prov <> Mom Claim Prov	28
<b>Total # of Occurrences</b>	<b>551</b>

**7.5 Bad File Claim Statistics**

	01/18/13	01/25/13	02/01/13	02/08/13	02/15/13
CLAIMS	3	3	3	3	3
PHARMACY	0	0	0	0	0
<b>TOTAL</b>	<b>3</b>	<b>3</b>	<b>3</b>	<b>3</b>	<b>3</b>

**Oldest Claim (Receipt Date) – December 12, 2012****7.6 Bad File Defects**

Defect #	Description	Status	Claim Count
16785	Hospice Assignment Plan	Cancelled 07/9/12	0
18833	Memory Issue	DMS Analyst Review Complete 10/29/12	0

**7.7 Top Denial Reasons (By Detail Line)**

Error	Description	Number of Denials
1010	Rendering Provider Not A Mem Of Billing Grp	20,203
2017	Services Covered Under Member's MCO Plan	18,533
4021	No Coverage for Billed Procedure	14,157
5001	Exact Duplicate	11,128
1955	Cannot Determine Medicaid NBR for Billing Prov	10,383
3317	This Service Was Not Approved by Medicare	8,53
4407	Bnft Plan/Aid Categ Restriction for Cov Rev Code	6,573
268	Billed Amount Missing	5,993
2003	Member Ineligible on Detail Date of Service	5,837
1032	Billing Provider not Eligible to Bill This Clm Typ	5,643

**7.8 Mailroom**

Imaging	Beginning Inventory	Receipts	Scanned	Ending Inventory	Oldest Item
Adjustment	0	211	211	0	0 days
Checks	0	313	313	0	0 days
RTP'S	0	823	823	0	0 days
Provider Enrollment	0	2,309	2,309	0	0 days

**7.9 Top Suspense Reasons (By Detail Line)**

Error	Description	Failures
1046	Facility Provider is Not Eligible	5,747
1047	Billing Provider is Not Eligible	5,694
2001	Member ID Number not on File Recycle	3,595
5001	Exact Duplicate	2,683
6201	New Patient Med Svcs Lmt 1 or 2/Dentist	2,404
3305	Member Requires Valid PT Liability for DOS	2,010
3001	PA Not Found on Database	1,886
4405	Unable to Assign Provider Contract	1,648
2505	Member Covered by Private Insurance (w/attach)	1,053
4014	No Pricing Segment on File	317

**7.10 Suspended Original Claims by Age (By Claim)**

Category	01/25/13		02/01/13		02/08/13		02/15/13	
	Details	Pct.	Details	Pct.	Details	Pct.	Details	Pct.
0-30 days	5,968	90.55	6,100	90.83	9,794	94.25	9,888	94.26
31-60 days	133	2.02	124	1.85	93	.89	93	.89
61-90 days	86	1.30	50	.74	64	.61	67	.64
91+ days	404	6.13	442	6.58	441	4.25	442	4.21
<b>Total</b>	<b>6,591</b>		<b>6,716</b>		<b>10,392</b>		<b>10,490</b>	

**7.11 Total Suspended Claims by Location (By Claim)**

Category	01/25/13		02/01/13		02/08/13		02/15/13	
	Details	Pct.	Details	Pct.	Details	Pct.	Details	Pct.
Resolutions	766	11.62	894	13.31	1,272	12.24	797	7.60
Med. Review	554	8.41	883	13.15	2,348	22.59	2,083	19.86
TPL	1,064	16.14	833	12.40	1,140	10.97	1,047	9.98
Adjustments	234	3.55	374	5.57	456	4.39	312	2.97
DMS	671	10.18	692	10.30	711	6.84	705	6.72
Recycle**	3,302	50.10	3,040	45.27	4,465	42.97	5,546	52.87
<b>Total</b>	<b>6,591</b>		<b>6,716</b>		<b>10,392</b>		<b>10,490</b>	

\*\*"Recycle" suspense consists of claims failing edits that must recycle for 8, 9, or 10 days before adjudicating.

**Note: Region 52 (Mass Adjustments) = 94.6% of suspense volume**

**Region 58 (SE Mass Adjustments) = 2.6% of suspense volume**

**Region 80 (SE Reprocessed Claims) = 0.0% of suspense volume**

**Region 90 (Special Batched Claims) = 0.0% of suspense volume**

**7.12 Claims Suspense Over 30 Days by Responsible Unit (By Claim)**

Category	01/18/13	01/25/13	02/01/13	02/08/13	02/15/13
Resolutions	42	11	6	1	1
Med. Review	41	40	29	10	14
TPL	75	1	0	0	0
Adjustments	13	3	3	1	1
Recycle	0	0	0	0	0
DMS	554	568	578	586	586
<b>Total</b>	<b>725</b>	<b>623</b>	<b>616</b>	<b>598</b>	<b>602</b>

**7.13 Claims Suspense Over 90 Days**

Suspense Inventory	Beginning Inventory	Received	Worked	Ending Inventory
	441	6	5	442

## 8 Third-Party Liability

### 8.1 Third-Party Liability Weekly Activity

Third Party Liability	Begin Inv	Received	Worked	To DMS	Ending Inventory	# Checks Exempt from 10 Day Requirement
PA40-Kames/Eligibles with Other Ins.	0	14	14	0	0	0
CS40-Child Support	0	0	0	0	0	0
SSI-Local Offices	0	0	0	0	0	0
TPL Edits	1,140	422	515	0	1,047	0
Accident/Trauma Leads	0	1	1	0	0	0
DMS Attorney	0	0	0	0	0	0
RUSH Attorney	0	1	1	0	0	0
HP Attorney	30	95	95	0	30	0
KY Assigned	0	0	0	0	0	0
Paternity	0	0	0	0	0	0
TPL Checks	196	123	40	0	279	0
HMS Checks	0	0	0	0	0	0
L P Mail-(Carriers)	1,570	2,161	1,253	0	2,478	0
Purged Data Research	0	0	0	0	0	0
Sus/Indicator	0	0	0	0	0	0
KHIPPS	0	69	69	0	0	0
<b>Total</b>	<b>2,936</b>	<b>2,886</b>	<b>1,988</b>	<b>0</b>	<b>3,834</b>	<b>0</b>

#### 8.1.1.1 Comments # Checks Exempt from 10 Day Requirement:

All checks in an exempt status can be viewed in Onbase under report FIN-2752. These checks are either awaiting documentation or are too large to complete in 10 days

Application of refunds to claim history is at 05 days

Online Interchange Updates are at 30 days



## 9 Finance/Adjustments

### 9.1 Financial - Cash

Category	Beginning Inventory	Received	Keyed	Return to Provider	To DMS	On Hold	Ending Inventory
Accounts Receivable Set-up	10	27	37	0	0	0	0
Payouts	0	5	5	0	0	0	0
Accounts Receivable Updates	2	23	25	0	0	0	0
Accounts Receivable Transfers	0	0	0	0	0	0	0
<b>Total</b>	<b>12</b>	<b>55</b>	<b>67</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

### 9.2 Financial - Checks

Category	Beginning	Received	Completed	Ending	Age Oldest Check	Julian date
Warrant	21	1	1	21	--	---
Financial	597	159	184	572	2	045
DMS	377	30	30	377	--	---
<b>Total</b>	<b>995</b>	<b>190</b>	<b>215</b>	<b>970</b>		

### 9.3 Financial – Adjustments

Category	Beginning Inventory	Received	Completed	Returns	Ending Inventory
Professional	58	115	166	7	0
Institutional	7	33	37	3	0
Voids	92	63	143	12	0
System Req Adj	0	0	0	0	0
Systems Req voids	0	0	0	0	0
EMC Adjustments	0	0	0	0	0
<b>Total</b>	<b>157</b>	<b>211</b>	<b>346</b>	<b>22</b>	<b>0</b>

**9.4 Financial - Age of Adjustments**

Category	Oldest Claim	Oldest Julian
Professional Straight	-----	-----
Professional Crossovers	-----	-----
Dental	-----	-----
Claim Credits	-----	-----
Institutional Straight	-----	-----
Institutional Crossovers	-----	-----

**9.5 Financial - Mass Adjustments**

Category	Beginning Inventory	Received	Entered	On Hold	Ending
Mass Adjustment (region 52)	0	11	11	0	0
Adjustments-Processed by HP SE (region 58)	0	0	0	0	0
Mass Credit	0	0	0	0	0
<b>Total</b>	0	11	11	0	0

Category	In Process	Released	Deleted
Mass Adjustment (region 52)	50	11	0
Adjustments-Processed by HP SE (region 58)	0	0	0
Mass Credit	0	0	0
<b>Total</b>	50	11	0

## **10 Provider Relations**

### **10.1 Provider Communications**

#### **10.1.1 Most Common Provider Calls**

1. Claim Status
2. Eligibility
3. 5010 Inquiries
4. Prior Authorization
5. Managed Care Inquiries
6. Member Calls/Member Services
7. Provider NPI/Taxonomy Inquiries
8. KY Health Net Inquiries
9. Check Amount
10. Service Limitations

### **10.2 Provider Visits, Mini-Workshops, Teleconferences, Special Meetings, Training**

#### **10.2.1 Provider Visits**

There are no provider visits to report.

#### **10.2.2 Teleconferences**

##### **February 12, 2013**

Jackie Richie, HP Provider Representative, conducted a conference call with Loving Care LLC, the provider needed an explanation on the prudent pay schedule because they were questioning the amounts of their payments. There was one provider staff member on the call.

#### **10.2.3 Representative Training**

There is no representative training to report.

#### **10.2.4 Association Meetings**

There are no association meetings to report.

#### **10.2.5 Research**

##### **DMS**

There is no DMS research to report.

##### **Provider**

There is no Provider research to report.

**10.2.6 Workshops**

There are no provider workshops to report.

**10.2.7 Accomplishments**

There are no operational activities to report.

**10.3 Training****10.3.1 Current Activities****February 12, 2013**

HP offered training to the Commonwealth staff on the interChange Reference Subsystem.

**February 13, 2013**

HP offered training to the Commonwealth staff on Claim Edits, Audits and Rules as well as the interChange Prior Authorization Subsystem.

**10.4 Looking Ahead**

The First Quarter 2013 training schedule has been distributed to Commonwealth users.

**10.4.1 Training Summary**

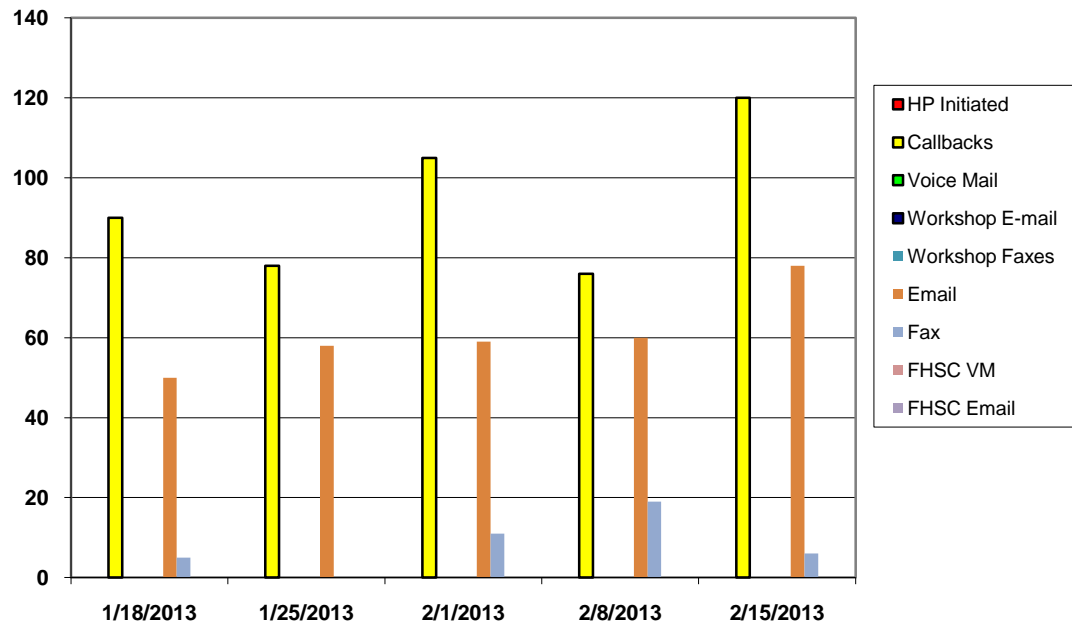
Category	Conducted
Provider Workshops	0
COMMONWEALTH	0
HP Enterprise Services	0

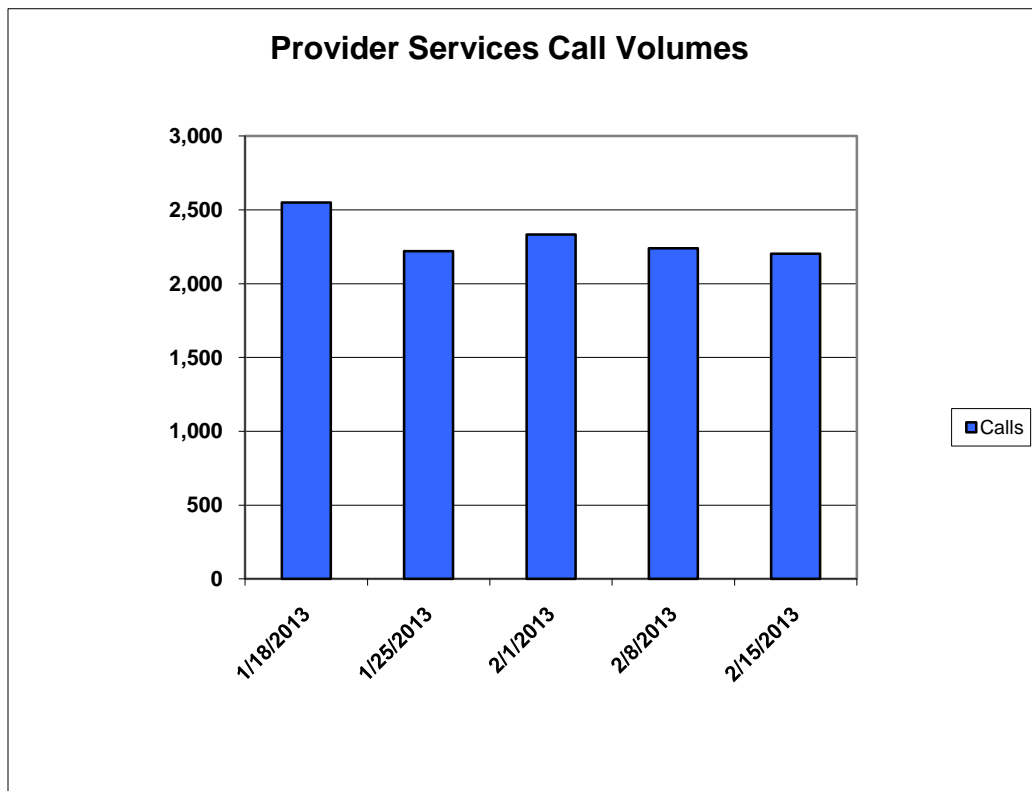
## 10.5 Provider Services

### 10.5.1 Provider Services Calls

Category	01/18/13	01/25/13	02/01/13	02/08/13	02/15/13
Incoming	2,550	2,220	2,333	2,240	2,203
HP Enterprise Services Initiated Calls	0	0	0	0	0
Callbacks	90	78	105	76	120
Voice Mail	0	0	0	0	0
Workshop E-Mail	0	0	0	0	0
Workshop Faxes/RSVP	0	0	0	0	0
Electronic E-Mail	50	58	59	60	78
Electronic Fax	5	0	11	19	6
FHSC/Voice Mails	0	0	0	0	0
FHSC/E-Mail	0	0	0	0	0
FHSC/Fax	0	0	0	0	0
Total	2,695	2,326	2,508	2,395	2,407

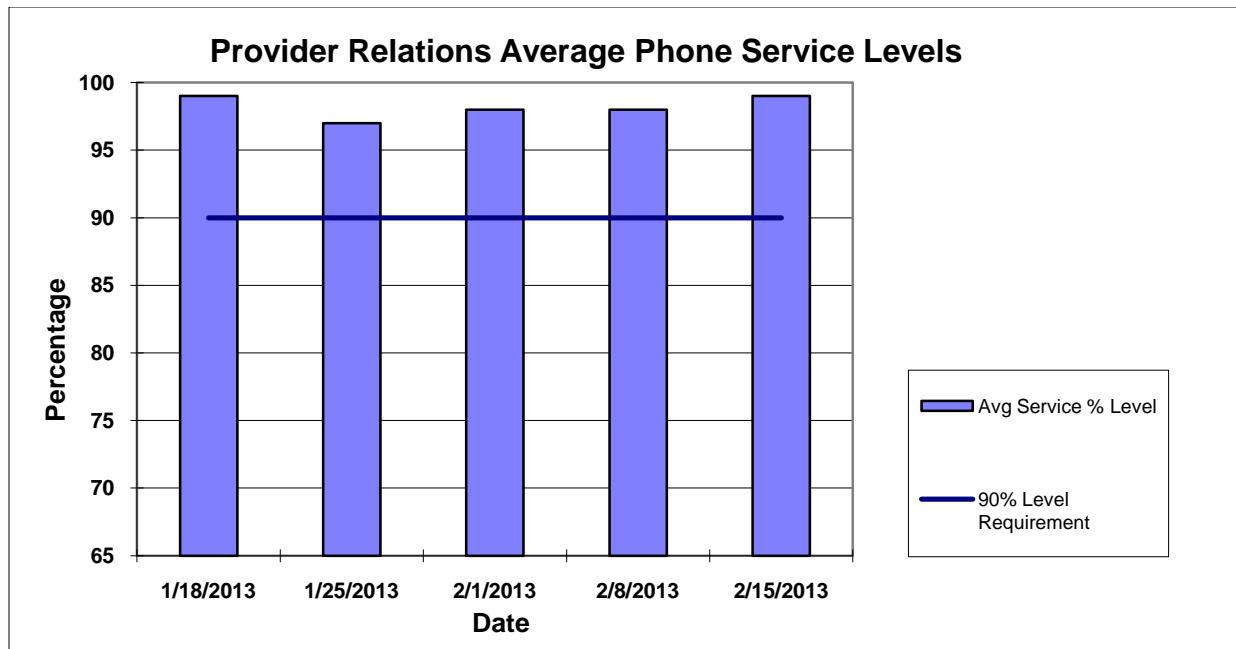
**Provider Services Contacts  
(excluding incoming calls)**





### 10.5.2 Phone Services

Category	01/18/13	01/25/13	02/01/13	02/08/13	02/15/13
Avg Answer Time (min/sec)	.25	.48	.21	.19	.10
Abandoned Calls	34	62	39	38	9
Avg Abandon Time (min/sec)	1:27	1:24	1:06	.58	1.10
% Service Level	99.00 %	97.00 %	98.00 %	98.00 %	99.00 %



### 10.5.3 Written Correspondence

	Beginning Inventory	Received	Completed	Ending Inventory	Oldest (Julian Date)
Paper	0	180	180	0	0(000)
Email	4	78	81	1	1(046)
Telephone	0	0	0	0	0
Telephone provider inquiry research	6	12	16	2	2(046)

### 10.5.4 Communication Publications

Mailed	Other Distribution	Total
0	0	0

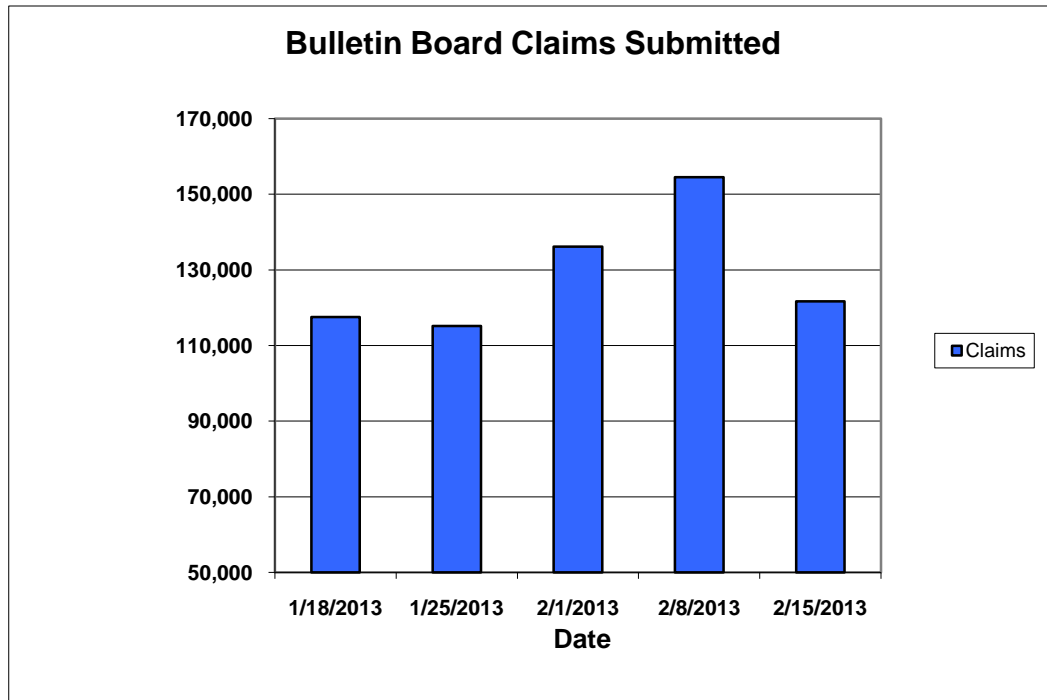
## 11 Unplanned System Outages

A Breakdown Of The Downtime		
Date	Minutes	Reason For Downtime
02/15/2013	0	There were no unplanned outages.



## 12 Bulletin Board System

	01/18/2013	01/25/2013	02/01/2013	02/08/2013	02/15/2013
Number of Claims Submitted	117,506	117,165	136,128	154,545	121,652



## 13 Electronic Data Interchange

### 13.1 Electronic Data Interchange Weekly Activity

This measure reflects the number of providers testing. Multiple tests may be needed before a provider is approved for electronic billing but the provider is counted only once in each category.

\*NPI tests are included in totals, and then broken out in the last stat.

#### BBS Test

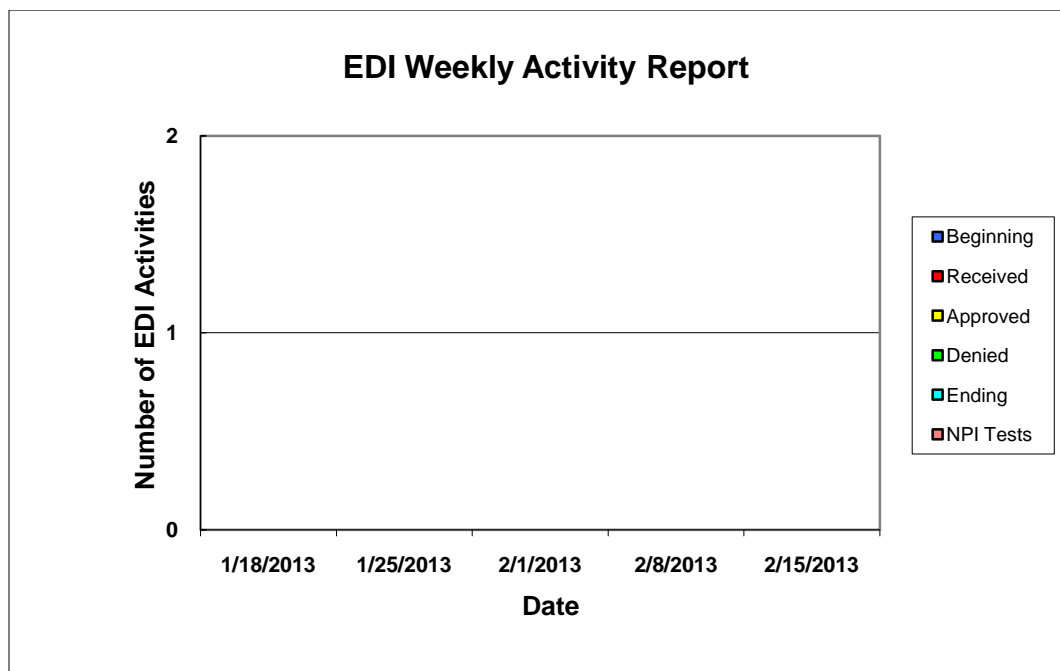
Category	01/18/2013	01/25/2013	02/01/2013	02/08/2013	02/15/2013
Beginning Inventory	0	0	0	0	0
Tests Received	0	0	0	0	0
Tests Approved	0	0	0	0	0
Tests Denied	0	0	0	0	0
New Providers Submitting	0	0	0	0	0
Ending Inventory	0	0	0	0	0
NPI Test*	0	0	0	0	0

#### New Providers Submitting

There were no new providers submitting to report.

#### New Trading Partners Still Testing

No new trading partners still testing to report.

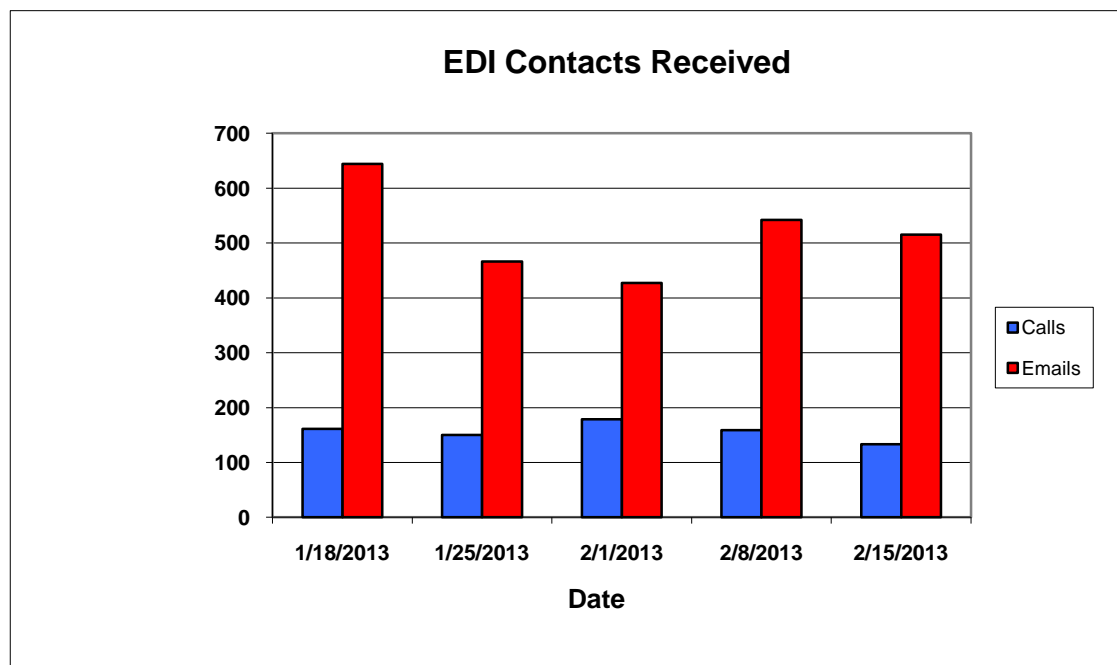


### 13.2 Electronic Data Interchange Calls Received

Category	01/18/2013	01/25/2013	02/01/2013	02/08/2013	02/15/2013
EDI Calls	161	150	179	159	133
Abandoned Calls	0	2	2	1	2
Avg Speed of Answer	:04	:08	:08	:05	:15
Avg Talk Time	3:06	2:39	2:45	2:41	3:43

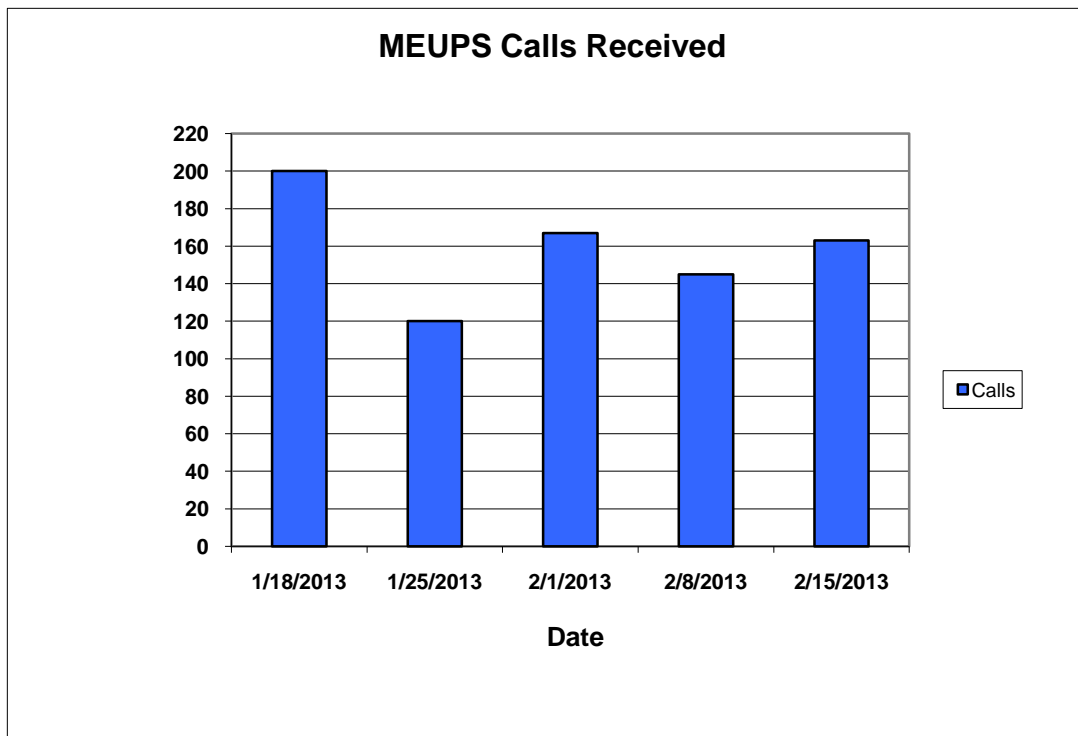
### 13.3 Email Requests

Category	01/18/2013	01/25/2013	02/01/2013	02/08/2013	02/15/2013
Emails Received	644	466	427	542	515
Answered	644	466	427	542	515



## 14 MEUPS Calls Received

Category	01/18/2013	01/25/2013	02/01/2013	02/08/2013	02/15/2013
MEUPS Calls	200	120	167	145	163
Avg Speed of Answer	0:09	0:11	0:04	0:07	0:19
Avg Talk Time	2:14	2:18	1:57	1:59	2:23



## 15 Voice Response

Category	01/18/2013	01/25/2013	02/01/2013	02/08/2013	02/15/2013
Calls Completed	2,589	2,306	2,317	2,580	2,491
Avg. Speed of Answer	:01	:01	:01	:01	:01
Avg. Talk Time	1:32	1:32	1:33	1:29	1:29

